Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED						
		FCL041015	B. WING		06/2	4/2015					
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE							
L & L FAMILY CARE HOME 1215 MOODY ROAD GREENSBORO, NC 27401											
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)					
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE					
C 000	Initial Comments		C 000								
	Report by Paul Dixe	on									
	Survey on June 24, PM at the above re records indicate the August 1, 1988 as a ambulatory Resider respond without an during a fire or other information we are compliance with the Family Care Homes standards and regulate applicable portion NCAC 13G for Fam (Rev 9) North Caro Section 409.1(g) - Family Care the applicable portion for the applicable portion (Rev 9) North Caro Section 409.1(g) - Family Care the time of our version and the applicable portion (Rev 9) North Caro Section 409.1(g) - Family Care the application and	n Section conducted a Biennial 2015 from 10:40 AM to 12:10 ferenced facility. DHSR home was first licensed on a Family Care Home for six (6) hts (able to evacuate and y physical or verbal assistance or emergency). Based on this requiring the home to maintain a following: the 1984 "Rules for similinum and desired allations" with 1987 revisions, ons of the 2005 Rules 10A hily Care Homes, the 1978 lina State Building Code - Residential Care Facilities.									
C 174	Building Equipment	t Maintained Safe, Operating	C 174								
	EQUIPMENT (a) The building as mechanical, and plucare home shall be operating condition (j) This Rule shall family care homes. This Rule is not me	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing									
	ceiling fan light fixtu	ure in the front left bedroom is cover. Install a globe/cover on									

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL041015	B. WING		06/2	4/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE				
I & I FAMILY CARE HOME			DDY ROAD BORO, NC 27401				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	N SHOULD BE COMPLETE		
C 174	Continued From page 1		C 174				
	the light fixture. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.						
C 183	Outside Premises-Clean, Safe		C 183				
	SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.						
	the handrails on the Living Room entrain nails had popped up and the nails re-driv Construction section work orders, receip supporting docume. 2. Observations du section of soffit on the damaged with milder.	ring the survey showed that a right side of the home at the ace were loose and several p. Have the railings secured ven. Provide the DHSR in with copies of all invoices, its, photographs and any other intation concerning this repair. Tring the survey showed that a the right side of the home was the wand one section has					
	Provide the DHSR						

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